

Pamwe

DAPP "Passionates"
Personal Stories
Powerful HIV Prevention

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People Power

CDC's programs in Namibia have always been labor intensive. From peer-to-peer technical assistance to direct service delivery, the success of CDC's collaboration with Namibia's Ministry of Health and Social Services depends on recruiting and retaining top quality technical and administrative staff. It's a challenge we've embraced since the start of the PEPFAR program in 2005.

The CDC and MOHSS partnership with the Potentia Namibia Human Resource Consultancy has been very successful in supporting the scale-up of the national prevention of mother-to-child transmission (PMTCT) and antiretroviral therapy (ART) programs. To date, this collaboration — which was recognized as a “promising practice” to support the rapid scale-up of ART programs in 2006 — has recruited and deployed hundreds of medical officers, nurses and pharmacy staff to ART service points throughout Namibia.

Together, we have much to be proud of.

But we also have a challenging task before us: Eventually, most if not all of the positions supported via Potentia will need to be transitioned to the MOHSS staff establishment.

Like any transition, this shift will require careful planning and even more careful implementation. After all, a lot is at stake. Namibia currently has among the highest rates of PMTCT and ART coverage in sub-Saharan Africa — and we all want to protect that accomplishment.

In this issue of Pamwe, we take a closer look at some of the issues Namibia and other countries face in the emerging field of “human resources for health” — or “HRH” as it is commonly known around our office. These issues cover a broad spectrum, from the professional education of future members of the public health workforce to the recruitment and retention of workers in remote districts — and, of course, the sustainability of the healthcare workforce in an era of tightening public sector budgets.

As usual, we also present stories from healthcare workers in the field, especially some of the unsung heroes of the public health workforce — the drivers who navigate remote dirt trails and the expert patients who spread hope and HIV prevention information as community volunteers.

Jeff Hanson, PhD, Director, CDC Namibia

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Namibian Delegation Attends the Second Global Forum on Human Resources for Health in Bangkok, Thailand

In January, a Namibian and U.S. delegation traveled to Thailand's capital for the Second Global Forum on Human Resources for Health (HRH). The team from Windhoek joined delegations from 50 other countries, as well as representatives from the United Nations and non-governmental organizations. **Lydia Nashixwa, the Deputy Director for Human Resource Management at the Ministry of Health and Social Services, reports on the conference's objectives – and the lessons the team brought back from Bangkok.**

The First Global Forum on HRH was held in 2008 in Kampala, Uganda. That conference produced a global declaration and agenda for HRH built around six key strategies:

1. Building coherent national and global leadership for health workforce solutions.
2. Ensuring capacity for an informed response based on evidence and joint learning.
3. Scaling up health worker education and training.
4. Retaining an effective, responsive and equitably distributed health workforce.
5. Managing the pressures of the international health workforce market and its impact on migration.
6. Securing additional and more productive investment in the health workforce.

The 2011 conference — based on the theme “Reviewing progress, renewing commitments to health workers towards the

Millennium Development Goals and beyond” — focused on the operational issues related to these strategies. The Namibia delegation was especially interested in sessions focusing on capacity building (pre-service education),

rural recruitment, and the retention of qualified staff over time.

Rural Retention Presenters from countries as different as Sri Lanka, Jamaica and Nigeria described strategies to recruit and retain healthcare workers in rural areas. In all countries — as in Namibia — cultural and professional isolation is a barrier to filling jobs in the countryside.

“Medical schools must produce students who are culturally prepared to serve [in rural areas],” said Dr. Grace Allen-Young, a pharmacist who began her career in a rural clinic and now serves as Permanent Secretary of Jamaica's Ministry of Health. Lalitha Padmini, a Sri Lankan midwife, spoke of the “secret” talents that exist in many rural health facilities, and called on governments to invest in workers who are already committed to working in rural settings. “If rural healthcare workers are given opportunities, we can harness these talents,” she said. Speakers promoted a mixed



Lydia Nashixwa (r) and USAID Systems Strengthening and Capacity Development Advisor Susna De led a joint US-Namibian delegation to the Second Global Forum on Human Resources for Health in Bangkok in January.

approach to attract and retain qualified health workers in rural areas, including performance-based pay, recruitment within areas where workers will be deployed, and in-service mentoring.

“A lot of young medical students go abroad or go to a city for fellowships,” said Francisca Monebenimp, a Cameroonian pediatrician. “They come back unwilling or unable to work in rural areas. We need to provide training opportunities in rural facilities.”

Medical Education

Experts in medical and nursing school curricula spoke about the importance of skills-based curricula for new doctors and nurses, as well as continuing education for healthcare workers already in service. “We must move away from traditional curricula and integrate broader subjects and emphasize social services,” said Dr. Zulfiqar Bhutta of Pakistan's Aga Khan University. Communication, teamwork, and behavioral science are among the “broader” subjects Dr. Bhutta proposed adding to medical curricula. To address growing staff shortages and respond to communities' actual needs, “doctors and nurses need to learn to work with new cadres of

community healthcare workers,” he added. “Medical schools must produce the kinds of doctors needed by the community.”

Vicharan Panich, the chair of Bangkok's Mahidol University Council said medical education in Thailand was moving toward a “unified” system in which technical skills were taught alongside ethics, leadership and cultural and administrative skills. Closer to Namibia, South African nursing schools are already using input

“Medical schools must produce the kinds of doctors needed by the community.”

– Dr. Zulfiqar Bhutta, Aga Khan University, Karachi, Pakistan

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"Passionate" Volunteers Take HIV Prevention To Their Neighbors

Windhoek — A blanket of yellow *esho-sholo* flowers covers the hillside neighborhood where Elizabeth Eichas, 34, and her husband, Melisedek Goagoseb, 31, make their home in a one-room shack (see cover). The house is made of tin, salvaged doors and windows, and a floor paved with empty beer bottle upside-down in the dirt. The flowers are a bright, hopeful, reminder of this year's long rainy season. From their hilltop home, Eichas, who is HIV positive, spreads a different kind of hope through her work as volunteer HIV prevention counselor, or "Passionate," with the NGO DAPP Namibia.

DAPP — or Development Aid People-to-People — manages a national network of paid Field Officers and volunteers like Elizabeth through a program called Total Control of the Epidemic (TCE).

"It's a system built on training and trust," said DAPP Namibia director Kirsten Moeller-Jensen. "Field Officers receive formal training and Passionates don't. But in the end it's about the person. You have to have a passion to serve your community and you have to work yourself into it to deserve the community's trust."

To earn that trust, Field Officers spend hours each day going door-to-door in their assigned communities. After training, DAPP Namibia's 400 Field Officers spend three years in a neighborhood in their home are. Over the three year assignment, each Field Officer will work with at least 2,000 people, some of whom will supplement the Field Officer's community outreach efforts as "Passionates."

"The name 'Passionates' comes from what we appeal to in people," said Moeller-Jensen, who has worked with DAPP in southern Africa for the last 15 years. "These volunteers — and the Field Officers —

have a passionate heart for their community. Because that's what it demands, isn't it?"

Standing in the pounded dirt courtyard outside her front door, Eichas motioned to the wooden phallus she uses to demonstrate the proper way to put on and take off a condom. "I sit with my neighbors and share with them," she said. "I help them learn how to follow one step with another."

Eichas learned she was HIV-positive

Shikesho, by distributing condoms, giving condom demonstrations and lending an ear to anyone who wants to talk. It's not always easy. "Some people are desperate for someone to talk to," she said. "And sometimes, people expect you to be a resource for issue one all the way to issue five." Beyond HIV/AIDS, food, shelter and transportation are among the issues facing residents in this poor neighborhood. "It costs eight Namibian dollars (about US\$1.20) for a taxi to the clinic," Eichas

said. "That's a lot of money."

Hirja lipinge lives a short walk down the hill from Eichas's house. Her shelter is also simple, about four meters by five meters, made of corrugated tin and insulated with cardboard. Magazine cutouts adorn the walls; a stack of simple cooking pots stands on a gas burner. On a recent afternoon, Johanna Shikesho stopped in for a routine visit. lipinge is HIV-positive and five months pregnant with her second child. She had been unemployed, but recently started working as a security guard. "How are things going?" asked Shikesho, settling in for a chat.

lipinge wasn't aware of her HIV status until she received a visit from one of Shikesho's DAPP colleagues.

"I was living so healthy," she said. "I felt I was OK. I read about HIV/AIDS in the newspaper, but [until I spoke to a DAPP Field Officer] I wasn't in a position to realize it could apply to me."

The Namibian Ministry of Health and Social Services (MOHSS) estimates about half of Namibia's adult population may fall into this "healthy-and-unaware" category. DAPP Field Officers and Passionates play a critical role in referring people to HIV counseling



Door-to-Door DAPP TCE Field Officer Johanna Shikesho visits with Hirja lipinge, 34, in her cardboard and tin house in Katutura's Havana neighborhood. DAPP's 400 Field Officers in Namibia each support up to 2,000 people through daily household visits. Over a three year period, Field Officers will meet several times with each household in their catchment area. (Photo: J. Pitman)

three years ago. Telling her family and neighbors wasn't easy — "there were many who said, 'go out of my house' and threw water at us" — but she did it quickly. "You have to share your life," she recalled. "Every life has good and bad things in it, so you have to be able to say, 'It was like this or it was like that.' When you can share your experiences with other people, then people start to think, 'Maybe this woman's story can help me.'"

Eichas supplements the work of her neighborhood's Field Officer, Johanna

Learn More at: <http://www.dapp-namibia.org/>

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TCE

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and testing (HCT) services.

lipinge knows Eichas well. "In the past, when families had someone who was sick, they would hide them away," she said. But DAPP's Field Officers and Passionates like Eichas have helped families understand the importance of seeking treatment and facing the disease. The red and yellow "TCE" t-shirts worn by Field Officers and Passionates are now a common sight. "People are not hiding sick family members anymore," said lipinge, who added that at least two neighbors had started antiretroviral treatment thanks to information from Eichas.

Back at her house, Eichas laughed when asked about her impact. "Oh, yes," she smiled. "People are so used to seeing me with my box of condoms and information that when I go out without it, they say, 'Where's the box? Where's the box?'"

DAPP Namibia's relationship with CDC and PEPFAR dates to 2005. Other branches of DAPP in southern Africa are also PEPFAR grantees. As PEPFAR evolves into the cornerstone program in President Barack Obama's Global Health Initiative, PEPFAR, the MOHSS, and DAPP are looking for ways to expand the services provided by the network of Field Officers and Passionates. Male circumcision referrals have already begun, and DAPP is working with the Ministry to secure legal permission for Field Officers to be trained in rapid HIV testing. Field Officers have also distributed insecticide-treated bed nets and information about immunization campaigns.

"DAPP has a great ability to collaborate with other partners," said CDC Namibia Prevention Advisor Nick DeLuca. "It's a great way to get out information and referrals to other services like PMTCT, HIV testing, Male Circumcision and treatment."

Reported by John Pitman



Passion TCE "Passionate" Elizabeth Eichas, 34, gestures during a conversation about her role as a volunteer HIV prevention counselor in her community. (Photo: J. Pitman)

DAPP Profile: Bikkie Eric Seolwane Total Control of the Epidemic (TCE) Division Commander

"Seeing people suffer gave me the urge to help."

CDC Namibia prevention advisor Nick DeLuca describes the national prevention strategy in military terms. "We try to attack the issues with an 'air war' and a 'ground war'," he says. The air war is 'fought' with mass communication campaigns and IEC materials designed to reach the general population on a daily basis. The ground war happens face-to-face. "It's a critical piece," says DeLuca. "And the DAPP field officers are right there on the front lines."

Bikkie Eric Seolwane, DAPP's 33-year-old Division Commander in Windhoek's Katutura neighborhood spends his days on that front

line, supervising a group of DAPP field officers as they go door-to-door in Katutura visiting HIV positive and non-infected clients and conducting in-person information and counseling sessions. Seolwane has been with DAPP for nearly 10 years. He told *Pamwe* that he joined the organization to address a deadly silence about HIV/AIDS in his community.

"Seeing people suffer gave me the urge to help. In the community I grew up in, I saw quite a lot of people dying. Nobody talked about it. When I was younger, I realized, 'Ah, there is a problem here.' I talked to teachers and heard about the 'slim disease', but even with so

"People need information, especially about things they can't talk about."

many funerals, nobody was talking about why people were dying. I asked myself, 'If politicians can stand up and talk about why they

want to lead, why can't they also talk about why people are dying?'

"People need information, especially about something they can't talk about, something that is taboo. Where there are taboos, you'll find suffering. Field Officers have to be the change they want to see in the community. Because Field Officers come from the same community, they've had to go through the same process as their clients – learning to speak openly about HIV and have the confidence and courage to address these taboos.

"I started training as a Field Officer when I was a student at the University of Botswana. We did door-to-door counseling in the hostels, and supported a workplace HIV program. Going where people live and work is so important. We're still a long way from 'total control' of the epidemic here in Namibia. We need to reach everyone. But step-by-step we're doing it. Being there for people — that's why we're effective."



TCE's Windhoek Division Commander Bikkie Eric Seolwane (Photo: J. Pitman)

Career Chronology

- 2004: Joined TCE leadership
- 2005: TCE management training
- 2005: Promoted to TCE program officer
- 2007: Division Commander

DAPP Joint site visit



In January, a joint CDC-USAID team spent the day with DAPP Namibia director Kirsten Moeller-Jensen (far left), Bikkie Seolwane (center), and other field officers and Passionates. CDC funds DAPP for community-based HIV prevention activities. "Being on the ground is essential," said Nabil Alsoufi of USAID (second from right). "You can see the impact first hand." Also pictured, Karla Fossand, USAID Namibia Deputy Director for HIV/AIDS (second from left), and CDC Namibia Prevention Advisor Nick DeLuca (far right).

A child in Namibia's Kunene Region receives a measles shot during a supplemental immunization campaign in February 2010. (Photo: J. Goodson)

Field Report: Tracking Measles in Remote Kunene

CDC researchers working on the retrospective measles outbreak cohort study faced rugged terrain and challenging wet weather to find and interview measles cases and non-cases in Namibia's Kunene Region. CDC/ASPH Fellow Krysta Gerndt reports on the bumps and the rewards of working in Kunene.

When you work in Kunene, you quickly get used to two things: Rough roads and dirty paperwork. The “dirt” on the paper isn’t actually dirt – it’s residue from the traditional butterfat-and-ochre cream used by the Himba people in this part of northwest Namibia. The rich red-colored cream is used by Himba women to protect their hair and skin in the intense climate. It’s a beautiful earth-tone; but it does rub off on medical records and health passports.

Kunene is one of the most remote parts of Africa. The region clings to the south-western edge of the continent, framed on the west by the Atlantic Ocean and the desolate Skeleton Coast and the Etosha pan to the east. North, the geology of the Kunene extends over the border into Angola; the Brandburg massif marks the region’s southern boundary. In between, the region’s vast mountainous landscape crouches under baking sunshine for most of the year, with a torrential rainy season between December and February.

One of the six measles outbreak teams was based in Opuwo, a small district town about 70 kilometers south of the Angolan border. The Opuwo team was coordinated by Erwin Nakafingo, a Ministry of Health and Social Services Health Information Specialist, with help from CDC’s Naemi Shoopala, Johanna Haimene, Sue Gerber and Eliaser Shoombe. Jim Goodson from the Global Immunization Division in Atlanta, driver John Mufwambi and I rounded out the CDC contingent in the field. John and I had come to Opuwo from the coastal cities of Swakopmund and Walvis Bay, where follow-up interviews with cases and non-cases from the 2010 outbreak were also underway.

Although we were doing the same kind of case-finding in Kunene, the work environments couldn’t have been more different. In the urban areas, most patients lived in houses with street addresses. In Kunene, where most of the residents are nomadic, and few children receive the full complement of childhood immunizations, our days were dominated by long, bumpy drives between villages and settlements. Every day brought a different logistical challenge, but one day stands out as representative of the difficulties and rewards of working in Kunene.

We started early. By mid-day, we had already stopped at three villages searching for two cases. At each stop, our two local colleagues would look for a village leader, usually an older man, to ask about the cases and where they might be found. Too often, their questions were met with a wave toward one of the surrounding hills. “They’re not here. They’ve moved on.” Occasionally, the villagers would be suspicious: “What are you going to do with her?” asked one village elder in a remote village. “Just talk,” said James, a local community counselor. “And make sure she’s not sick anymore.” Language was also an occasional barrier, with some villagers speaking the Thimba dialect from southern Angola.

At the first two villages we were told the women we were



CDC/ASPH Alan Rosenfeld Global Health Fellow Krysta Gerndt visits a remote Himba village in the Kunene Region during the February 2010 measles outbreak. Gerndt and CDC Global Immunization Division epidemiologists Ikechukwu “Ike” Ogbuanu (EIS) and Jim Goodson spent several weeks in Kunene in 2010 and 2011 conducting the outbreak investigation and follow-up case finding.

looking for had moved on. James got directions and we drove to the next village. The word “directions” is something of a misnomer. It seemed as though John, our driver, and James were navigating by dead reckoning (read John Mufwambi’s first person account on pg. 7.). At the third village, the same message: They’ve moved on. With each leg, we pressed deeper into the Kunene wilderness. “The Himba, they live so far away!” became a common refrain in the back seat of the four-by-four.

We finally found the first of the two cases around 2 p.m. in a nomadic encampment nestled at the foot of a craggy chain of mountains. Michael Shikongo, a nurse from Opuwo, and James approached a group of young villagers tending a herd of cattle in a dry riverbed. I waited in the car since the sudden appearance of a foreigner seemed to make some people uneasy. The darkening and rumbling sky indicated that a thunderstorm was approaching. I was glad we had parked on a high ridge overlooking the currently dry riverbed; the approaching storm made me worry about flash flooding. The team spoke to the villagers for about 5 minutes. Then I got the signal to join the group and we began hiking down the dry riverbed toward the encampment. The hike was strenuous, but beautiful. As we walked, we passed villagers in deep, hand-dug, wells in the dry riverbed. Plastic buckets would appear over the edge of the wells. Other villagers carried the water to wooden troughs where cows and goats could drink. I remember watching a group of Himba children scrambling and playing in a huge, ancient tree in the middle of the river bed. The children waved and called out as we passed.

The trail to the encampment followed the dry riverbed for about a kilometer, then rose into the rocky slope leading up from the river. The path passed through a field of boulders and scrub bushes. I was following James who was also worried about the

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Field Report: Krysta Gerndt

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storm clouds, and didn't see the encampment until we were standing next to the family's small traditional huts, which are made of animal skins, clay and branches. The family was scrambling to corral baby goats into one of the huts. We found the case outside one of the huts. Michael explained the study, obtained verbal consent, and started the interview, which took about 30 minutes. Like many of our interviews in Kunene, the young woman sat two or three meters away from Michael with her face turned away at a slight profile. An older woman from the village sat between her and us. The interview confirmed the woman had been infected with measles while pregnant, and had suffered a miscarriage after being discharged from the hospital. We documented this information and thanked her for her time. We also learned from her neighbors that the second case was "in the next village, just beyond the mountains." But the elders encouraged to take a donkey because "there is no road."

"CDC needs to get a helicopter," muttered John.

Since neither donkeys nor a helicopter were available, we were unable to push on to find her. A light rain was falling, with thunder and lightning. It was time to get back to the car.

During my brief time among the Himba of Kunene, I learned so much about the beauty and difficulty of life in this stunning, yet harsh land. The Himba are not well known outside of Namibia, but the measles outbreak showed that, despite their isolation, these nomads were still connected into the rest of the world – in this case by a disease that blew through the region like sand on a strong desert wind. In Kunene, the impact of this preventable disease on families is visible everywhere: In the eyes of a mother who had just lost her fifth child; in the confusion of a wandering boy whose mother is strangely and suddenly absent. But I also witnessed the joy of healthy children swinging on gnarled tree branches and the determination of dedicated healthcare workers to educate parents and vaccinate the next generation of children.

Krysta Gerndt is a 2008 MPH graduate of the University of Illinois-Chicago School of Public Health

BEHIND THE WHEEL: JOHN MUFWAMBI NAVIGATES KUNENE'S 'ORUIRA'*

* Little roads (Otjiherero)

CDC driver **John Mufwambi** spent two weeks with the CDC-MOHSS immunization teams in Kunene. He spoke to Pamwe about his experience behind the wheel on some of Namibia's toughest roads.

"The roads in Kunene region are not very good. In fact, the roads are made for donkey carts, not cars. Many are far too narrow for cars, so you often find yourself wondering if you're still on the road. We had to ask local people to guide us in some places where the road wasn't visible at all. They'd tell us, 'turn at that tree, or go left of that rock,' and we'd make our way like that. I remember at one stage we were coming from Etanga and had to cross a river. Earlier in the day we had crossed the river, but in between it had started raining. So when we had to cross back, the water came all the way up over the hood of the car.

"We also had two punctures. The first one we were able to replace with our spare tire. But when the second one blew, we had to put the first one back on the car. It had a nail in it, so it still had a bit of pressure. Fortunately, we reached a school where a car from



On Dry Ground CDC driver John Mufwambi indicates how high the water reached during a treacherous river crossing during the 2011 measles follow-up survey in Namibia's Kunene region. Inset: A CDC vehicle crosses a dry riverbed and contemplates a rugged uphill climb in Kunene. (Photos: J. Pitman, K. Gerndt)

the Ministry of Health loaned us a tire.

"As you get deeper into the bush, you're driving on dry riverbeds and it's extreme 4x4. It's a real challenge. Some days you might drive three or four hours and only cover 60 kilometers.

"For me, it was a real adventure seeing how far CDC will go to find people in the most remote areas. Sometimes I would wonder, 'Are there really any people out here?'"

John has been a CDC driver since 2005.

Evidence * Omahongononeno * Evaluate * Tala ongushu * Question * Dii *

Implementation Science

Science * Wetenskap * Question * Dii * Evaluate * Tala ongushu *

Throughout the year, programmatic evaluations and operational research projects are undertaken in Namibia. CDC and its partners provide technical assistance to the Ministry of Health and Social Services and other ministries for a number of these surveillance projects and studies.

Formative Assessment with Recently Released Inmates

CDC and the Ministry of Safety and Security conducted a formative assessment with recently released inmates in anticipation of a national survey of HIV risk factors and prevalence among inmates in Namibian prisons. This formative research was conducted among a sample of recently released inmates from three Namibian prisons. Released inmates who agreed to participate were interviewed with a semi-structured interview guide to better understand access issues, survey logistics, acceptability of HIV counseling and testing, and how to frame questions around sexual behavior and drug use for the larger survey. This field test also sought to determine acceptable HIV testing methods for the prison population, how to ensure confidentiality (e.g., to link or not to link behavioral and bio-data), and, how to provide informed consent.



The United Nations Office on Drugs and Crime (UNODC) has partnered with researchers from the Polytechnic of Namibia to conduct a larger bio-behavioral survey based on these formative findings. This is the first time such a study will be attempted in Namibia's prisons.

Validating HIV Incidence Assays

Researchers from The Blood Transfusion Service of Namibia (NAMBTS), the Ministry of Health and Social Services (MOHSS), and CDC (Namibia and Atlanta) plan to test the effectiveness of three HIV incidence assays. The study will use known HIV-positive blood specimens from Namibian blood donors to evaluate the assays' ability to detect and describe early HIV infections. If successful, the new assays will be used to improve the estimation of HIV incidence rates — or the rate at which people are becoming newly infected with HIV — in countries around Africa. "This is a unique and exciting opportunity for a blood service to support a critical need beyond the field of blood safety," said Dr. Sridhar Basavaraju, a CDC medical epidemiologist in Atlanta. A protocol for the study was developed and submitted for ethical review in June. The evaluation is planned to run for 10 months beginning in September 2011.

Integrated Biological And Behavioral Surveillance Surveys Among Female Sex Workers And Men Who Have Sex With Men In Namibia

This first-time Behavioral Surveillance Study (BSS) is planned for 2011. The study builds on the findings of a 2008 survey on the "drivers" of Namibia's HIV epidemic that identified several "Most At Risk Populations", or MARPs.

Study Objectives

1. Describe the context in which HIV sexual and drug use risk behaviors take place for female sex workers (FSW) and men who have sex with men (MSM) in Namibia.
2. Describe health services for FSW and MSM and stakeholder attitudes toward these populations.
3. Estimate the size of MSM and FSW populations in the study sites.
4. Measure the prevalence of HIV, syphilis and HSV-2 and associated risk behaviors among FSW and MSM.
5. Assess HIV/STI knowledge, stigma and discrimination, and uptake of health services among FSW and MSM.

[illegible]

CDC Namibia said goodbye to Director Dr. Jeff Hanson in June. Hanson's next stop is Atlanta, where he will be a Country Manager for CDC Global AIDS Program offices in East Africa.



All Together in Oshakati Hanson (center, with sunglasses) with the CDC Namibia team at CDC's regional office in Oshakati. The Regional Office, led by senior nurse mentor Naemi Shoopala, has grown substantially since its opening in 2006. "Jeff has always seen the value of working as closely as possible with communities and facilities," said Shoopala. Over the last year, CDC has added a new nurse mentor and a driver to the Oshakati office to support ongoing research projects in northern Namibia. "Using Oshakati as a base allows CDC to support Ministry of Health and Social Services operations in the most populated areas of Namibia," added CDC Namibia Deputy Director Sue Gerber. "From studies to immunization programs, Oshakati lets us do more, faster."



Clinic Renovations CDC Namibia Director Dr. Jeff Hanson (2nd from right) with, from left, Wally Strauss, Shoombe Eliaser, Johanna Haimene and Naemi Shoopala at the 2009 opening of the newly renovated Eenhana Communicable Disease Clinic. During Jeff's tenure, CDC supported the renovation of five clinics in Namibia.

Farewell Kaende Naua Totsiens



2009 PEPFAR Implementers' Meeting Dr. Jeff Hanson (5th from left, back row) hosted CDC Global AIDS Program country office directors from around the world during the 2009 PEPFAR Implementers Meeting in Windhoek. Back row from left: Dr. Lawrence Marum (CDC Zambia), Dr. John Vertefeuille (CDC Tanzania), unknown, Dr. Austin Demby (CDC Malawi), Hanson, Dr. Nancy Knight (CDC Nigeria), Dr. Carol Ciesielski (CDC Cambodia), Dr. Pratima Ragunathan (CDC Rwanda), Dr. Marc Bulterys (CDC China), Dr. Bruce Struminger (CDC Vietnam). Seated, front row: Dr. Lisa Nelson (CDC Mozambique), Dr. Tom Kenyon (CDC Ethiopia), Dr. Nelson Arboleda (CDC Central America), and Dr. Anna Likos (CDC Cote d'Ivoire)



Leading the Way

Prevention With Positives Study: Ensuring Data Quality

Oshakati — Rain drums relentlessly on the roof of Oshakati State Hospital. Inside, CDC researcher Amy Medley pages through the Prevention With Positives (PWP) study questionnaire with Roide Amwaandangi and Hilaria Newaka, two study interviewers. It's hard to hear over the roar, but Medley pushes ahead. Her questions are based on a review of hundreds of questionnaires completed by the Oshakati team as part of a two-year, multi-country, evaluation of an intervention to increase HIV prevention counseling by doctors with HIV patients.

"The intervention tests the idea that doctor visits are a unique opportunity for HIV-infected patients to learn to protect themselves and their partners from infection or re-infection with HIV," said Medley, a co-principal investigator on the study. In Namibia, the intervention was launched in six hospitals in 2008. Blinded data are col-

"We tell patients there's no need to feel fear or be afraid."

— Hilaria Newaka, PWP study interviewer

lected from the intervention sites and from six control sites. The intervention and evaluation are also being implemented in Tanzania and Kenya. "With this multi-country data we'll be able to validate and compare the approach in several settings in Africa," said Medley. "It's an opportunity to



Amy Medley (far right) from the GAP Prevention Branch in Atlanta reviews PWP materials with Oshakati-based PWP study interviewers Hilaria Newaka (left) and Roide Amwaandangi (right). (Photo: J. Pitman)

see what issues are unique to countries, and where messages or challenges might be similar from country-to-country."

Since the start of the study in Namibia, 1200 patients have been enrolled and interviewed at least once. Study coordinators work with interviewers like Roide and Hilaria to ensure the questionnaires are completed — including the awkward questions about sex. "Sometimes its hard to ask," said Hilaria. "But we tell patients there's no need to feel fear or be afraid."

"I have to be, like, free," said Justine Nangolo, an interviewer in nearby Onand-

jokwe. "If I feel like I'm not open, the patient will not be open with me."

CDC Prevention advisor Nick DeLuca stresses the importance of quality control in this portion of the study. "Keeping the interviewers motivated to ask probing questions is key," he said, as Medley continued the line-by-line review in Oshakati. "Namibia is doing well," she said later. "But there are some cultural barriers we still need to overcome to get as complete a dataset as possible." Data collection continues through February 2012.

Reported by John Pitman

Field Report: Catherine Nichols on PWP

CDC/ASPH Global Health Fellow **Catherine Nichols** reports on her experiences as a quality assurance advisor to the PWP study in northern Namibia.

"These are *oshanas*," said Morne, a driver who works with CDC study staff, swinging his left arm in front of me to indicate the landscape passing by. "Oshanas are lakes created by the rainy season. It's where this region gets its name."

I had been in Oshakati, the largest city in the Oshana region, for three weeks when this

conversation occurred. Before then, I'd noticed the growing pools of water along the roads, but hadn't made any deeper connections. Now, as we drove through the rainy season drizzle to review data for the PWP evaluation, the connection between water and life in this usually arid region of northern Namibia was strikingly clear.

"Oh, yes," explained Morne, when I asked him about it. "Oshanas have fish. Oshanas have water for livestock. Oshanas provide water for crops.

Without Oshanas there wouldn't be an Oshana region!"

The public health evaluation that brought me to Namibia reminds me of the nets villagers use to catch fish in the *oshanas*. Our goal is to collect feedback from patients at facilities where doctors and nurses have been trained to deliver HIV prevention messages, assess sexually transmitted infections (STIs) and provide basic contraceptives and safer pregnancy counseling as part of their routine package of care. This feed-

back will be compared to information collected from facilities where staff have not been trained. In both settings, community counselors and study staff are the "nets" used to identify and follow-up with patients enrolled in the study. To carry the fishing metaphor a step further, in many cases you can't just wait for people to show up, you have to be proactive; you have to go out and "catch" them.

During my four weeks in

(Continued on page 10)

Profile: Naemi Shoopala, CDC's Nurse Mentor in Oshakati

Oshakati — Naemi Shoopala moves through clinic waiting rooms with a deliberate pace. Mothers and children waiting on benches look up as she passes. Naemi pauses frequently, stooping to ask mothers how they are and to pat children gently on the head. She speaks softly, but her laugh is clear. Smiles follow her as she moves from person to person.

As CDC's senior nurse mentor in northern Namibia, Naemi's daily routine revolves around interactions like these. And although she spends most of her time meeting with clinical staff, her intense focus is rooted in the needs of the people she encounters in waiting rooms.

"I've always wanted to help people," she said recently, reflecting on her childhood with seven brothers and sisters. "As a child, I would give things away to other kids. I would say to my mom, 'Why don't we help that child who is suffering?'"

Naemi grew up in Okalongo, in Omusati Region, which she describes as a

"family town." But as a border town (just south of Angola), it was also a hotspot in the 1980s for clashes between the South African military and the SWAPO liberation movement. "We lived in a battle ground. We had to run away from home several times to seek refuge from fighting."

Her mother ran a small shop and her father was a driver for the Ministry of Education. The family's ties to the community ran deep.

"Once a South African patrol stopped at my mother's shop. One of the soldiers put his pistol against her forehead and demanded information about the liberation fighters. But my mom was stubborn! She would resist just by not speaking."

Which was a good thing since two of her children — Naemi's older brother and sister — had already slipped across the border to join SWAPO's armed wing.

As the top student in her primary school, Naemi was selected to attend Oshigambo High School, a Lutheran



Naemi Shoopala, RN, leads CDC's northern Namibia satellite office in Oshakati. (Photo: J. Pitman)

boarding school in Ondangwa. "It wasn't easy," she says of leaving home. "But it gave me the opportunity to study nursing." After high school, Naemi enrolled in the Oshakati Nursing College (now part of UNAM) and received her four year nursing/midwifery diploma in 1999. The same year she began work with the Ministry of Health and Social Services in Okahao — an assignment that introduced her to the ravages of HIV. "I was working in Primary

(Continued on page 16)

Field Report: Catherine Nichols on PWP

(Continued from page 11)

Namibia, I circulated between four clinics in Oshana Region (Oshakati, Outapi, Engela, Onandjokwe), working with study interviewers and counselors to ensure the quality of information collected at the six month mid-point in the study.

I was consistently impressed by the creative and innovative solutions staff used to make sure that patients were identified and interviewed before they left the facility. To expand the number of people reached with HIV prevention messages each day, community counselors in the large Outapi clinic had organized group counseling sessions, rather than individual sessions. In Oshakati, where confidentiality was a concern for some study participants, counselors converted small cells in a former locked psychiatric ward into private interview cubicles. The cells still had doors



Catherine Nichols (right) reviews PWP study materials with Community Counselors based at the Oshakati Intermediate Hospital. Catherine received her MPH degree from the Yale School of Public Health in 2010 with a concentration in the Epidemiology of Microbial Diseases. Also pictured: PWP study investigator Amy Medley. (Photo: J. Pitman)

made of prison-style iron bars, but add some curtains and HIV prevention posters,

and — presto! — a private counseling room. Space constraints were not specific to Oshakati. The high volume of patients in Engela forced us outside under a tree to review and correct stacks of data forms together. And in every facility, when patients failed to show up for scheduled appointments, the coordinators would burn up their cell phone lines trying to track them down.

Like all studies, our "nets" had some holes in them, but in general, the study's data system worked exceptionally well. By the end of my time in Namibia, the six month data collection process was on target to meet its goals.

I am grateful to Morne and CDC's Naemi Shoopala for teaching me about the Oshana region. Nick DeLuca, Julie Parent and the CDC staff in Windhoek were also a source of inspiration and support. And finally — but not least — thanks to the evaluation staff in the clinics who were constant companions and new friends.

HEALTHQUAL All Country Learning Network Meets in Namibia



HEALTHQUAL
INTERNATIONAL

The following article was adapted from the HEALTHQUAL International May 2011 Update. Thanks to Josh Bardfield for the contribution. Additional reporting by John Pitman.

Windhoek - The second HEALTHQUAL All Country Learning Network (ACLN) was held in Namibia March 14-18, 2011. Delegates from Ministries of Health and CDC offices in 15 countries in Africa, Asia, South America and the Caribbean attended the weeklong workshop on quality management in healthcare, sponsored by HEALTHQUAL International and graciously hosted by the Namibia Ministry of Health and Social Services.

"Once you learn about what other countries are doing — and doing right — you can take those experiences back to your country and make it work."

The theme of this year's ACLN focused on results and sustainability across national quality management (QM) programs. The agenda included presentations and discussion sessions on strategies countries have used to implement QM programs, and on some of the unique and common obstacles quality programs have faced around the world.

"We have to learn from our experiences and continually measure our progress," said Dr. Bruce Agins, Director of HEALTHQUAL International, during the ACLN's opening plenary. "And I know we have the talent, the knowledge and the will to leap forward, to build on our successes, and to map the sustainability of each of our quality management programs." He encouraged participants to use the meeting to build relationships that will last beyond the conference. Open Space sessions were designed to allow delegates to consider specific quality improvement topics, such as QI in resource-limited settings, human resources for health, and QI validation, among others.

Thembe Dlamini, a QA coordinator from the Swaziland Ministry of Health, said she appreciated the diversity of countries represented at the meeting. For her, the Open Space discussions promoted a unique flow of ideas between countries.

"From a QI perspective, I think the ideas can translate from large countries to small countries [like Swaziland], she said. Martin Sirengo, PMTCT Program Manager from Kenya's Ministry of Health, echoed this sentiment: "Once you learn about what other countries are doing — and doing right — you can take those experiences back to your country and make it work."

Storyboard posters by each delegation graced the walls of the meeting room. Storyboards reflected countries' experience with a range of subjects, including QI principles, the HEALTH-



International gathering Namibian Deputy Minister of Health Petrina Haingura greets HealthQual ACLN delegates in Windhoek in March.

QUAL team approach, sustainability, innovation, consumer involvement and impact on patient outcomes. At the end of the week, two story-boards received awards based on votes cast by the delegates (see award inset box).

Plenary presentations were tailored to let delegates share data and experiences from their programs and to stimulate discussion in the working sessions. Plenary presentation topics included the sustainability of quality management programs; quality issues in prevention for people living with HIV; recent develop-

ments and updated guidelines on TB and TB/HIV programs; a pilot program based on the UNICEF Mother Baby Pack to prevent mother to child transmission of HIV in Kenya; QI and the retention of patients in care; sustainability factors in Thailand's National HIVQUAL program, and; the Haitian HEALTHQUAL model.

Each country presented a component of their national program to reflect how the HEALTHQUAL model had been adapted to local environments and needs. Some examples included:

— Botswana: The use of e-registers for quality improvement

— Guyana: Introducing the HEALTHQUAL model into maternal child health programs

— Kenya: Challenges in implementing its national QM program

— Mozambique: Integrating QI into the national health sector

— Namibia: The role of regional groups and peer learning in QI

— Uganda: QI Institutionalization

Organizers thanked Namibia for hosting the event, which was coordinated with CDC's HEALTHQUAL advisor Gram Mutandi and the MOHSS.

"Gram has this personal style that engages people and helps them to understand," said HEALTHQUAL's Deputy Program Director, Margaret Palumbo. "We appreciate his support and the support of the MOHSS team which made the ACLN such a success."



Dr. Gram Mutandi

HealthQual ACLN Awards

Namibia

Outstanding Achievement in QI
Story Board: "A QI Team Approach to Scale Up Provision of TB Isoniazid Preventive Therapy (IPT) at Outapi ART Clinic"

Haiti

People's Choice Award
Story Board: "Quality TB Screening at Grace Children's Hospital"

For more information visit: www.healthqual.org

HRH Forum

(Continued from page 2)

from nurses to revise curricula to respond to conditions faced by nurses in the field. Leana Uys of the University of KwaZulu-Natal said this kind of change requires a major shift in the way medical and nursing school leaders view their students and the

"We cannot send people out to be change agents in the healthcare system if they are educated in a system that is resistant to change."

- Leana Uys, Univ. of KwaZulu-Natal

communities their graduates will serve.

"We cannot send people out to be change agents in the healthcare system if they are educated in a system that is resistant to change," she said.

The healthcare worker 'brain drain'

"There is huge pressure on skilled healthcare workers to cross borders in search of work," said Tim Evans, the WHO Assistant Director-General for Information, Evidence and Research. But reducing this flow won't be easy, especially as popula-

tions in wealthy countries get older.

"Europe will no doubt need more healthcare workers," said Dr. Bjorn-Inge Larsen, Norway's Director-General of Health. "We need to work together to prepare for that eventuality." This will involve investments on both sides in medical education, task-shifting, and strengthening ties between the public and private healthcare sectors.

Site Visit The delegation had an opportunity to visit HIV/AIDS care centers and medical schools around Thailand. I visited a Buddhist temple that cares for AIDS patients who have been shunned by their families and communities. The temple is managed by a 53-year-old Buddhist Monk who leads meditation workshops for patients and organizes hospice care and access to antiretroviral therapy. The temple opened its doors to AIDS patients in the 1990s when two men infected with HIV sought shelter at the temple after being rejected by their families. Over time, eight hospice wards were built with the support of the Thai Ministry of Public Health. Today, the temple cares for as many as 130



Artwork at the Temple of the Emerald Buddha in Bangkok, Thailand, site of the 2nd Global Forum on HRH in January. (Photo: J. Pitman)

adults and children. Stigma and discrimination remain serious problems in Thailand. Some worshipers no longer attend services at the temple because of the hospice, but the Abbot is steadfast:

"Our patients are now living to serve the temple as volunteers. People living with HIV/AIDS cannot be shunned," he told visitors from the HRH forum.

Additional reporting by John Pitman

PEPFAR and HRH

PEPFAR has set an ambitious goal of supporting the training of 140,000 new healthcare workers worldwide by 2013. Estelle Quain, who chairs the PEPFAR technical working group on HRH, says work has begun to ensure the target is met. "We've started counting. We're also developing ways to clarify the numbers and ensure quality control."

Bibliographic Survey by Polytechnic of Namibia Lecturer Describes Changes in Biomedical Publication Rates from Namibia (1995-2010)

Windhoek — The number and diversity of biomedical papers published by Namibian authors has declined over the last 15 years, according to research by a lecturer at the Polytechnic of

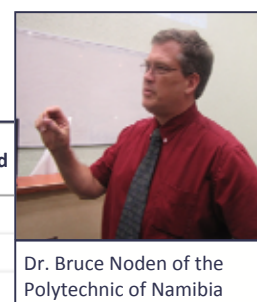
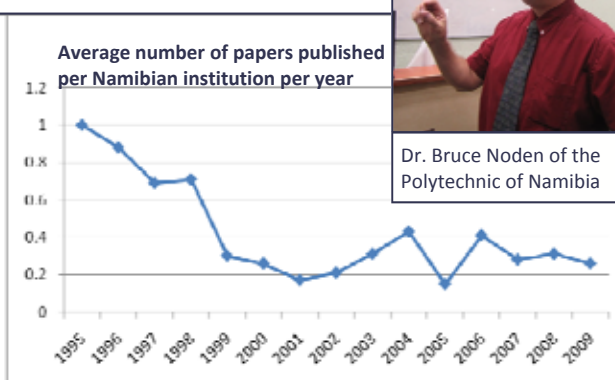
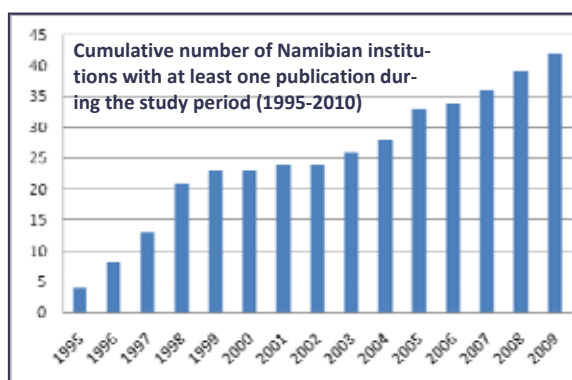
Namibia. Dr. Bruce Noden's work, which will

be published in the Polytechnic journal "Progress," looked at Namibian publications in scientific journals between 1995-2010 and analyzed annual publications by institution, author affiliation and nationality, and topic. The study found 150 different biomedically-oriented publications by a total of 190 different authors from 44 different institutions. Most of the articles by Namibian authors

Increasing participation, declining number of publications Dr. Noden's research found more Namibian institutions are publishing biomedical work each year, but the average number of publications per institution is declining. His study also found declining numbers of papers published by Namibians as sole author, but evidence of increasing collaboration between Namibian and non-Namibian authors.

were collaborations with foreign or Namibian partners. About half of the papers had Namibian first authors. The majority of Namibian authors (72%) had produced one article.

"These results indicate that biomedical science in Namibia has potential to develop and expand," said Noden. "Universities need to continue evaluating how to become agents of research."



Dr. Bruce Noden of the Polytechnic of Namibia



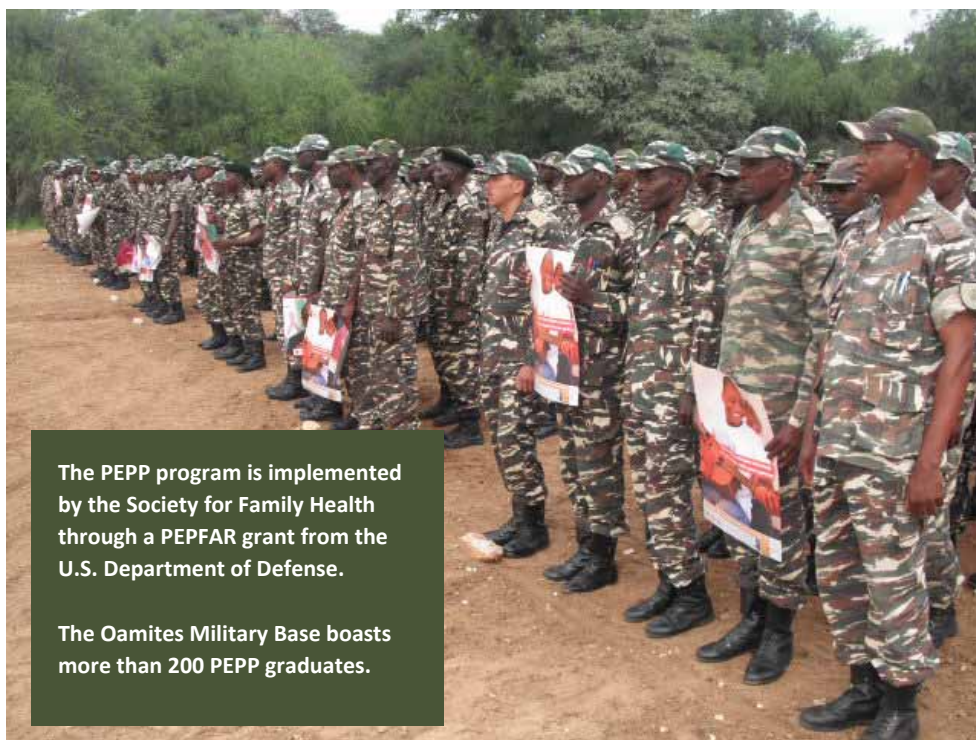
PEPFAR Corner ... News from Other Agencies

U.S.-Namibian Military Cooperation Raises Awareness About HIV Prevention

Oamites -- On February 24, 2011, the Namibian Defence Force (NDF) graduated a second class of 121 soldiers from the Peer Education Plus Program (PEPP), a collaboration between the NDF and the U.S. Department of Defense (DOD) and PEPFAR to train military personnel as peer educators on a range of HIV/AIDS topics. The program, which graduated its first class last year, builds soldiers' capacity in the following areas:

- Reducing unprotected sex.
- Knowledge about HIV and other sexually-transmitted infections (STI).
- Safer sex practices, including consistent condom use.
- Reduction in the number of sexual partners and rate of partner change.
- Mutual fidelity in marriage.
- Access to STI treatment.
- Reducing stigma around HIV/AIDS.

The ceremony was attended by more than 200 military personnel from the Oamites Military Base, south of Windhoek, including the Acting Commanding Officer, Lt. Col. Alpheus Shigwedha and Lt. Col. Marianne Muvangua, the MOD/NDF HIV/



The PEPP program is implemented by the Society for Family Health through a PEPFAR grant from the U.S. Department of Defense.

The Oamites Military Base boasts more than 200 PEPP graduates.

Members of the Namibia Defence Force attend a graduation ceremony for the Peer Education Plus Program (PEPP) at the Oamites base in February. PEPP is a military-to-military program funded by the U.S. Department of Defense and PEPFAR to raise awareness about HIV prevention among soldiers serving in the Namibia Defence Force. (Photo: A. Victor)

AIDS Coordinator. Muvangua appealed to service members to commit themselves to reducing risky sexual behaviors and learning their HIV status.

"A healthy Defence Force is a healthy

nation," she said. "We can only defend our beautiful country if we each know our HIV status."

Reported by Aune Victor

Peace Corps Supports Income Generating Program for OVC

Prime Minister Nahas Angula Inaugurates a Glass Recycling Project in Oshana Region



Namibian Prime Minister Nahas Angula with Peace Corps Namibia director Gilbert Collins at the Oonte project inauguration in March. Peace Corps supports 123 volunteers throughout Namibia, including 30 in and around Ondangwa, one of the major towns in the northern Oshana region. (Photos: Peace Corps)

On March 5, the Oonte OVC Organization in Ondangwa celebrated the official handover of its new Glass Bottle Recycling Studio. The studio construction was funded by a grant from the French Embassy. The grant application was prepared by Oonte's Executive Director Petrine Shiimi with help from Peace Corps Volunteer Amelia McCarthy, who also supports the program's entrepreneurship projects.

Oonte is a non-profit organization that serves over 450 children in Ondangwa. The Recycling Studio will house a workshop where volunteers and older children who support younger siblings will transform discarded glass bottles into art for sale at tourist markets.



Peace Corps Volunteer Amelia McCarthy explains how the project's fish pond and water are integrated with Oonte's animal farm and garden to conserve resources and provide food for the children throughout the year.

(Clockwise from left: Namibian Prime Minister Nahas Angula, Amelia McCarthy, Oonte's Executive Director Petrine Shiimi).

CDC Staff Support the Ambassador's Self-Help Program Through Site Visits and Reporting

Siyandeya Village — CDC staff criss-cross Namibia on technical assistance visits throughout the year. But travel is a luxury the Ambassador's Self-Help Program can't always afford. "It's so important to stay in touch with our grantees," says Self-Help coordinator Kelly Mitchell-Clark, "Since we can't travel everywhere, help from other agencies that have people in the field is always welcome." In March, CDC staffers



Maiuri and Gerndt with Siyandeya villagers. (Photo: N. Nakaleke)

Krysta Gerndt and Allison Maiuri visited a women's group in Siyandeya, a village in Kavango Region, that receives a Self-Help grant to expand a community garden. The garden provides lunches for 30 children and earns the women a small income, which has helped pay off debt and fund school fees. "We tried our hand at hoeing," says Maiuri. "It's hard! But these women are building something great for their community."



Atlanta-based Health Education Specialist Allison Maiuri helps clear a maize field in Siyandeya Village. Village women are expanding a community garden with support from the Ambassador's Self-Help Program. CDC Driver Nikanor Nakeleke (left) stands ready to pitch in.

Naemi Shoopala

(Continued from page 12)

Health Care and Maternity in 2001, but one day I was told to go into the HIV counseling department." The environment in the HIV department was markedly different before the widespread availability of antiretroviral therapy. "We had cotrimoxizole (to prevent opportunistic infections) and vitamins, but most of our work involved telling people to 'hang in there.'"

Not long after starting her rotation in the HIV department, Naemi took a Peace Corps project design course and launched a support group. "We called it '*Tukwathelathaneni*,' which means 'Let's help each other.'"

Multi-tasking seems to come naturally: While working full-time in the clinic and managing the support group, Naemi was also studying for her Bachelor's degree in Nursing Science, which she received in 2003.

"Naemi is a star. I'm always amazed by her ability to manage multiple projects," says CDC Namibia Deputy Director Sue Gerber. "She's incredibly good at identifying priorities and making sure everything gets a piece of her time."

Naemi's patients noticed her commitment, as well. She remembers many of her patients from the HIV department followed her back to the Primary Health Care department when she was transferred. "I try to build a good relationship with patients," she says. "It's how you get to know what they need."

Building relationships with former colleagues at the Ministry of Health and Social Services is also key to the mentoring work Naemi has done since joining CDC in 2006.

"Mentoring has to happen during every site visit. You have to ask people what they want to learn, what they need, what questions they have — and whether your advice has been valuable. I also need to know about the environment and the people I am working with. Then I can reach them in a way they understand."

A pile of laminated diplomas and certificates testifies to Naemi's commitment to expanding her understanding of the issues she advises others on. In 2005-2006, she was a Hubert Humphrey Fellow at Emory University in Atlanta. For the last six



CDC Nurse Mentor Naemi Shoopala reviewing clinic records with a Ministry of Health and Social Services nurse. Hands-on mentoring is key to Naemi's job, which covers dozens of clinics in Namibia's six most populous northern regions. (Photo: J. Pitman)

years she has been working towards an MPH degree in epidemiology, which she expects to complete this year. "I'm just working on my thesis now," she says with a relieved smile. "It's a comparison study of mother-baby pairs who received a short course of nevirapine and those who only received a single dose."

When she's not at work, Naemi lives in Ongwediva with her husband, Willy (a school principal), and two sons, Tangi, 11, and Taakambadhala ("Junior"), 8. On the weekends, "you won't find me at home," she says. "I'll be farming. We wake up at 4 a.m. I give the kids tasks. Tangi wants to be an engineer and Junior a pilot, but I still have to teach them about traditional life!"

Reported by John Pitman

"On the Move" Against TB in Namibia

Scenes from Namibia's March 24, 2011 World TB Day Events

Robert Koch announced his discovery of *Mycobacterium tuberculosis*, the bacteria that causes tuberculosis (TB), on March 24, 1882. One hundred and twenty-nine years later, March 24 is World TB Day in burden of TB disease around the world. Estimates suggest up to one-third of the world's population is infected with *M. tuberculosis*, and that two million people die of TB each year. With a case notification rate of 634 cases per 100,000 population (2009-2010 NTLP Annual Report), Namibia faces a severe and growing epidemic. (As a comparison, the United States has a case detection rate of 3.8 per 100,000 population.) The burden of TB in Namibia is further fueled by the estimated 13.3% HIV prevalence among adults in the general population. HIV prevalence among TB patients with known status is 58%, and in 2009, 372 cases of drug resistant TB were reported. Of these cases, 275 had multidrug resistant TB (MDR-TB), 80 had poly-drug resistant TB, and 17 had extensively drug resistant (XDR-TB).

On the Move Road show This year's TB Day event was preceded by a national "Road Show". The Road Show team covered more than 4,000 kilometers and visited 20 cities and towns to promote TB awareness and answer questions from the public. "We were targeting about 10,000 people," said Penny Uukunde of the National TB and Leprosy Programme (NTLP). "From the look of the turnout, I think we may have exceeded that goal."

This year's theme — *On the Move Against TB* — sought to highlight the progress Namibia has made in detecting new cases and enrolling TB patients in treatment, while also pressing the

fight to inform the public about the dangers of the disease and the availability of effective treatment.

"TB is still seen by many as a 'forever' infection," said Ella Shihepo, director of the Directorate for Special Programmes, which includes the NTLP. "Our campaigns have to have at least three sides — one to actively detect new cases, another to convince people they can be cured, and a third to ensure patients complete the treatment."

World TB Day activities targeted mobile communities and emphasized the need for cross-border collaboration, especially with Angola. The main World TB Day ceremony was held in Rundu, a city in Kavango Region in northeastern Namibia. Rundu was chosen for its relatively high TB burden and its proximity to Angolan border communities. The main event included speeches by Namibian and Angolan leaders, including the Hon. Minister of Health and Social Services, Dr. Richard Kamwi, and the Angolan Consul-General Judite Albino da Costa. A briefing meeting of Namibian and Angolan leaders was held to facilitate collaboration and promote the continuity of care for TB patients who cross the Namibia-Angolan border.

World TB Day activities in Rundu also included performances by local musicians and a drama performance by student nurses that focused on TB adherence. Media for World TB Day included interviews on NBC (Namibia) radio and television as well as stories in newspapers and a documentary film prepared by university students embedded with the Road Show.

*Reported by MOHSS Directorate for Special Programmes
Community Liaison Officers*



Keetmanshoop: Nurses on the move. (Photos: MOHSS)



On the Move in Rundu: Performer Uno Boy.



On the Move in Mariental: National TB Infection Control Officer Helena Mungunda.



Fond Farewell Friends and members of the National TB and Leprosy Program bid farewell to Aditi Goenka, a Pfizer Global Health Fellow from New York who worked with the team for six months. From left to right (standing): Steven Neri, Project Hope; Dr. Abbas Zezai, KNCV; Aditi Goenka, Pfizer Global Health Fellow; Dr. Farai Mavhunga, NTLP CMO; Ms. Benetha Bayer, NTLP-M&E; Sitting in the front (left to right): Ms. Penny Uukunde, NTLP-ACSM; Ms. Helena Mungunda, NTLP-TB Infection Control. (Photo: J. Pitman)

Ministry of Health and Social Services Launches National Alcohol Misuse / HIV Prevention Toolkit

Windhoek — On April 11, the Ministry of Health and Social Services introduced a national alcohol misuse prevention toolkit in conjunction with the “Stand Up! Against Alcohol Misuse” campaign. The toolkit includes multiple components, with information tailored for parents, teachers, journalists and healthcare workers.

“This toolkit has something for everyone,” said René Adams, the MOHSS substance abuse coordinator. “The materials are based on our on-going research into community expectations and beliefs about alcohol — but for the first time we’re turning that information on its head. This toolkit is designed to help non-



April 11 Launch Deputy Minister of Health Petrina Haingura (right), presents the alcohol misuse prevention toolkit to the media with MOHSS Substance Abuse Coordinator René Adams (left).



Stand Up! CDC and MOHSS alcohol team members display interpersonal communications materials developed for a facility-based randomized control study to test an intervention to reduce alcohol misuse and sexual risk among men.

drinkers stand up and say that alcohol misuse shouldn’t be considered normal behavior anymore.”

For CDC alcohol advisor Mary Glenshaw, the toolkit launch and the recent PEPFAR Alcohol Initiative’s regional conference held in Windhoek (April 12-14) were the culmination of more than four years of work — from formative research to the launch of the Stand Up! campaign. “Namibia has a lot of momentum,” she said. “This toolkit and the rest of the Stand Up! campaign are a perfect example of the power of research to generate public excitement and engagement around an issue of public health signifi-

cance.”

Programs interested in accessing the campaign materials (and other public health campaign information) can contact the National IEC Warehouse at 061-203-2072 or visit the Warehouse online at:

<http://theiecwarehouse.blogspot.com/>

Enda Po Nawa, Mary Glenshaw!



CDC’s Atlanta-based alcohol initiative coordinator Dr. Mary Glenshaw has supported Namibia’s national alcohol and substance abuse programs since 2008. “Mary has made all the difference,” said Ministry of Health and Social Services substance abuse coordinator René Adams. “We’re so grateful for her energy and commitment.” In July, Mary will transition to a new job as the CDC Global AIDS Program Prevention Advisor in Botswana.



Tukwathelathaneni

CDC Salutes

Souleymane Sawadogo For his active and continuous engagement with the Namibia Institute of Pathology and the Ministry of Health and Social Services to develop and implement a new national public health laboratory network. For his technical contributions to the evaluation and selection of new diagnostic test kits and technologies for TB. For his dogged commitment to expanding access to biomedical laboratory science education in Namibia. For his collegiality and good humor. CDC Namibia is proud to salute Souleymane for all of his contributions to the PEPFAR-Namibia collaboration over his six year tenure in Namibia.

“Souley’s technical know-how and international program experience are invaluable,” said CDC Namibia deputy director Sue Gerber. “When you have a complex project like the public health laboratory network, you need a leader who understands the technical issues and can coordinate a diverse group of stakeholders.”



CDC Namibia Laboratory Advisor Souleymane Sawadogo has supported laboratory systems in Namibia since 2005.

Pamwe’s exploration of Namibia’s rich linguistic diversity continues in this issue with a selection of words about science, transport, evaluation, and the art of asking questions. Thanks as always to everyone who helped fact-check our translations!

Word	Language	English Translation
Omahongononeno	Otjiherero	Evidence
Dii	Nama-Damara	Question
Wetenskap	Afrikaans	Science
Tukwathelathaneni	Oshivambo	Let’s help each other
Tala ongushu	Oshivambo	Evaluate
Oruira	Otjiherero	Small roads
Enda Po Nawa	Oshivambo	Goodbye

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